



Commonwealth of Kentucky
Department for Medicaid Services
Division of Program Quality & Outcomes

**FY 16 Validation of Managed Care Provider
Network Submissions: Audit Report**

**Final Report
January 2016**

IPRO Corporate Headquarters
Managed Care Department
1979 Marcus Avenue
Lake Success, NY 11042-1002
phone: (516) 326-7767
fax: (516) 326-6177
www.ipro.org

Table of Contents

EXECUTIVE SUMMARY	3
INTRODUCTION	4
OBJECTIVES	4
METHODOLOGY	5
SAMPLING	5
SURVEY	5
MAILING	6
DATA ANALYSES	6
METHODOLOGICAL CONSIDERATIONS	6
SURVEY RESULTS	8
RESPONSE RATE CALCULATIONS	8
ACCURACY RATE CALCULATIONS	8
COMPARISON BETWEEN APRIL 2015 AND SEPTEMBER 2015 RESULTS	9
FINDINGS	10
RECOMMENDATIONS	14
APPENDIX A – RESPONSE RATE BY PLAN	15
APPENDIX B – OVERALL ACCURACY BY PLAN	16
APPENDIX C	17
SAMPLE OF SPECIALIST SURVEY SENT TO PROVIDERS	17
SAMPLE OF PCP SURVEY SENT TO PROVIDERS	18

List of Tables

Table 1: Fields for Validation by Provider Type	5
Table 2: Missing Provider Directory Data	7
Table 3: Survey Responses by PCP/Specialist	8
Table 4: Status of Surveys by Provider Type	9
Table 5: Statewide Rates of Accuracy for April 2015 and September 2015	9
Table 6: Provider Identification Elements – Statewide	10
Table 7: Specialty – Statewide and by Provider Group	11
Table 8: Reporting of Languages – Statewide	12
Table 9: Provider Group Summary on Survey Items	13
Table A1: Response Rate by Plan	15
Table B1: Overall Accuracy by Plan	16

EXECUTIVE SUMMARY

In September 2015, Island Peer review Organization (IPRO), on behalf of the Kentucky Department for Medicaid Services (DMS), conducted its fifth audit of the plans' provider directory data files to validate their accuracy. This is the first provider network validation for FY 2016. There are five managed care organizations (MCOs) operating in Kentucky: Aetna Better Health, Anthem Blue Cross and Blue Shield Medicaid, Humana-CareSource, Passport Health Plan, and WellCare of Kentucky.

Data validation surveys (**Appendix C**) were sent to 100 primary care providers (PCPs) and 100 specialists from each of the five MCOs. The overall response rate was 58.1% (**Appendix A**). Specialists responded at a slightly higher rate than PCPs, at 60.2% and 55.8%, respectively. The response rates also varied by MCO: ranging from 41.9% for Aetna Better Health to 65.3% for Passport Health Plan. After removing exclusions, 456 providers were available for analysis.

Highlights of the Audit Findings

- § A total of 206 (45.2%) providers who returned surveys included at least one revision. A higher percentage of PCP records had revisions than specialist records.
- § Four survey items had a substantial percentage of providers with missing data in the provider directory data file: License number, Secondary Specialty, Spanish, and Other Languages Spoken. Overall accuracy and error rates excluded additions to the Spanish field, as well as additions of "English" to the Languages field.
- § While the least accurate field was "Spanish" with a 65.1% rate of accuracy, most of the revisions were additions, because the original provider directory data were blank. As such, this finding should be interpreted with caution.
- § The fields with the most accurate rates were "State" with a 100.0% rate, "National Provider ID (NPI)" with a 99.8% rate, "First Name" with a 99.8% rate, "Last Name" with a 98.0% rate, whether the provider has a contract to accept Medicaid patients with a 98.0% rate, "PCP Panel Size" with a 96.9% rate, "Secondary Specialty" with a 96.7% rate, "Provider Type" with a 96.1% rate, "City" with a 95.8% rate, "Primary Specialty" with a 95.4% rate, "Zip Code" with a 93.9% rate, and "PCP, Specialist, or Both" with a 92.8% rate.
- § There was an average of 1.83 revisions per provider for the 206 providers that submitted surveys with changes.
- § The "Street Address" element had an accuracy rate of 89.5%. The "Phone Number" element had an accuracy rate of 86.6%, although more than half the revisions coincided with a change in address. The accuracy rate for "PCP Open or Closed Panel" was 91.3%.
- § The "License Number" field was reported correctly in 85.4% of records among the 383 providers licensed in Kentucky, partially due to the high number of missing data in the original data file.
- § The "Languages Spoken" element was underreported, and had an accuracy rate of 81.6%. At least one language was added by 82 providers.
- § A comparison of the statewide rates of overall accuracy, between the last audit conducted in April 2015 and the current audit, revealed an increase from 49.1% to 54.8%, although the difference was not statistically significant. One data element, "Provider Type" increased, while none of the data elements decreased significantly in accuracy over time.

The remainder of this report provides details on the background, objectives, and methodology of the study. In addition, the report analyzes the results for each data element and discusses differences in reporting between PCPs and specialists.

INTRODUCTION

MCO provider networks must include a sufficient number of providers and types to deliver contracted services to their target Medicaid populations and meet state accessibility standards. DMS requires the contractor, IPRO, to verify the provider information submitted by Kentucky MCOs to the Managed Care Assignment Processing System (MCAPS), Kentucky's database for collecting provider panel information. MCOs must submit provider data monthly for all plan enrolled providers electronically to Kentucky's secure MCAPS. Kentucky uses MCAPS data to evaluate the adequacy of the MCO's networks, assess capacity, create Performance Measures related to the MCO's provider networks, and conduct access and availability studies; hence, the accuracy of the source data is essential.

IPRO conducted a two-phase mailing to validate the accuracy of the provider directory data submissions for PCPs and specialists participating with any of the five MCOs operating in Kentucky with a Medicaid product line. Responses are compared to information in the provider directory data and an error rate is computed for each data element that is validated.

This report is a summary of the fifth audit of the accuracy of provider directory data, conducted by IPRO for the DMS. Note that for the first three audits, the MCAPS data were utilized for validation purposes. This is the second audit where the source data utilized electronic provider directory data submitted by MCOs. IPRO requested MCOs to submit the same data fields and same data definitions that are included in the MCAPS template, and the data sources should contain the same data.

The last audit, conducted in April 2015, demonstrated that most data fields were correct over 90% of the time, and errors were more likely due to underreporting. The audited population for this survey mirrors that of the prior four surveys in which PCPs and specialists who participate in Medicaid were audited.

OBJECTIVES

The objectives of this study were to:

- § Validate the accuracy of MCO provider directory data for Medicaid participating PCPs and specialists,
- § Further the accuracy of MCO data submission through furnishing MCO-specific reports to the health plans for correction, and
- § Compare the findings of the April 2015 and September 2015 survey studies.

METHODOLOGY

Sampling

In September 2015, each MCO sent IPRO an electronic file containing their provider directory data for the most recent monthly provider data. The combined files contained a total of 456,882 records. IPRO excluded selected providers, such as providers whose address was not in Kentucky or any of its bordering states, providers missing data on NPI, and provider types such as pharmacies. After removing duplicate providers, the file contained 28,071 providers. Random sampling of 100 PCPs and 100 specialists was performed for each plan, resulting in a total sample size of 1,000 providers. Providers who were denoted as “both” for the PCP/Specialist field were categorized as PCPs. A listing of participating MCOs can be found in **Appendix A**.

Survey

The survey sent to PCPs and specialists requested the validation of data fields outlined in **Table 1**. Because the required data fields vary by provider classification, two versions of the survey tool were designed. The tool for specialists did not include the two fields (Open or Closed Panel and Panel Size) for which reporting is not required for them.

All providers were asked an initial screening question as to whether they participated in the named MCO. The 15 providers who responded that they did not participate or did not recognize the named MCO were excluded from analysis.

Table 1: Fields for Validation by Provider Type

Field Names	PCPs	Specialists
Last Name	X	X
First Name	X	X
License Number	X	X
National Provider ID (NPI)	X	X
Street	X	X
City	X	X
State	X	X
Zip Code	X	X
Phone Number	X	X
Accepts Medicaid	X	X
Provider Type	X	X
PCP, Specialist, or Both	X	X
Primary Specialty	X	X
Secondary Specialty	X	X
PCP Open or Closed Panel	X	
PCP Panel Size	X	
Spanish	X	X
Other Languages Spoken*	X	X
MCO – whether provider participates with the plan sampled for survey	X	X

*Up to four languages can be submitted for each provider.

To ensure the accuracy of responses for “Provider Type,” providers were sent a listing of codes for provider type and corresponding provider type labels to facilitate their response to this item.

Mailing

The audit was conducted as a two-phase mail survey. A total of 1,000 providers were sent a survey on October 1, 2015. The second mailing was sent on November 11, 2015 to the 517 providers who did not respond to the first mailing, excluding surveys that were returned as undeliverable. The analysis was started in late December 2015.

The mailing included a cover letter explaining the purpose of the survey, the survey containing auto-populated provider-specific information to be validated, instructions on how to complete the survey with an explanation of each survey item, a listing of provider types, and an envelope to return the survey with pre-paid postage. A database was developed to track the status of all surveys and record provider responses.

Data Analyses

The following analyses were conducted to address the objectives of this study:

- § Response rate calculations,
- § Accuracy rates on all survey items,
- § Comparison of April 2015 and September 2015 results, and
- § Comparisons of PCPs and specialists on all applicable survey items.

To test for any differences in proportions, chi-square analyses were employed for all comparative analyses. Statistical significance was established using a p value of .05. Chi square tests produce p values, which help determine whether differences in rates are statistically significant.

Methodological Considerations

PCP/Specialist Categorization

Because the survey contains an item to validate whether the provider is a “PCP,” “Specialist,” or “Both,” the comparisons between PCPs and specialists on accuracy rates incorporate the revisions made by providers to this field. For instance, if a provider was categorized as a PCP in the provider directory files, and changed the item to specialist on the survey, that provider was considered a specialist for most analyses in this report. The only section that retains the original categorizations is the response rate calculation section. As a result, the total counts of PCPs and specialists appearing in this report differ depending on the analysis.

Missing Data in the Provider Directory Data Files

Among the survey items, there were four items that had a substantial percentage of providers with missing data in the provider directory data files (**Table 2**). This resulted in higher error rates, since providers recorded their responses because there was no data on the survey. License number was only required for providers licensed in Kentucky. Among the 383 providers licensed in Kentucky, 17.0% were missing license number in the provider directory files. A total of 94.7% of the providers had no secondary specialty in the provider directory files, even though IPRO captured specialties from different rows in the file prior to conducting the survey. The Spanish field was missing for 59.0% of the providers. The MCAPS data dictionary specifies only “Y” for yes. However, some plans entered Y and N (“N” for no), and the analysis was conducted as if the requirement includes both Y and N. The Language field was missing for 71.9% of the rows in the provider directory files.

Table 2: Missing Provider Directory Data

Survey Item	n	%
License Number*	65	17.0%
Secondary Specialty	432	94.7%
Spanish	269	59.0%
Other Languages Spoken	328	71.9%

*License Number is limited to providers licensed in Kentucky.

The survey validation results on the missing items listed in **Table 2** were:

- § Among the 65 missing data for License number, 34 providers added a License number, while 31 left the field blank;
- § Among the 432 missing data for Secondary Specialty, 12 providers added a specialty, while 420 left the field blank, most likely because they do not have a secondary specialty;
- § Among the 269 missing data for Spanish, 149 added a response, while 120 left the field blank; and
- § Among the 328 missing data for Language, 73 added a response (most frequently English), while 255 left the field blank.

Due to the high number of providers with missing data in the provider directory files, and the high percentage of revisions reflecting additions instead of changes, the overall accuracy and error rates exclude two types of revisions. For the Spanish field, additions were excluded, but changes were included. For the Languages field, additions of “English” were excluded, although other language additions or changes were retained. Further information is provided below in the report.

SURVEY RESULTS

Response Rate Calculations

The response rates for the survey are displayed in **Table 3**. Results are itemized by PCP and specialist surveys, and include the total number of surveys mailed, undeliverable surveys due to inaccurate addresses, adjusted populations, number of exclusions, and completed surveys.

A total of 148 surveys were returned to IPRO as “undeliverable” due to inaccurate addresses. Specialists had a higher rate of undeliverable surveys than PCPs (17.6% vs. 12.0%).

There were 495 returned surveys, yielding a response rate of 58.1%. Specialists responded at a slightly higher rate than PCPs, at 60.2% and 55.8%, respectively. As seen in **Appendix A**, response rates ranged from 41.9% for Aetna Better Health to 65.3% for Passport Health Plan. A total of 39 returns were excluded from the analysis because:

- § 15 providers did not participate in the named MCO or did not recognize the MCO, and
- § 24 providers were not at that site.

Anthem Blue Cross Blue Shield had the highest number of exclusions with 10, followed by Humana-CareSource (9 exclusions), Passport Health Plan (8 exclusions), Aetna Better Health (7 exclusions), and WellCare of Kentucky (5 exclusions).

As a result, 456 completed surveys were available for analysis.

Table 3: Survey Responses by PCP/Specialist

Survey Responses	PCPs	Specialists	Total
Surveys Mailed	500	500	1,000
Undeliverable	60	88	148
Adjusted Population	440	412	852
Returned Surveys	265	230	495
Response Rate	60.2%	55.8%	58.1%
<i>Exclusions</i>	24	15	39
Completed Surveys	241	215	456

Accuracy Rate Calculations

Among the completed surveys, **Table 4** displays the number and percent of providers who reported at least one revision on their surveys across all items, itemized by PCPs and specialists. Overall, 45.2% of completed surveys included at least one revision. PCPs were more likely than specialists to return surveys with revisions (50.2% vs. 39.6%), at a significance of $p < .05$. Note that the PCP survey included two more fields than the specialist survey. As mentioned previously, the error rates exclude instances where a provider added a response for Spanish if one did not exist and/or added English as a response for Languages. Also, corrections to License number were limited to providers in Kentucky.

There was an average of 1.83 revisions per provider, among the 206 providers that had at least one correction. **Appendix B** provides a list of revisions per provider by health plan. Accuracy rates ranged from 41.7% for Humana-CareSource to 67.0% for WellCare of Kentucky.

Table 4: Status of Surveys by Provider Type

Completed Surveys	Total (n = 456)		PCPs (n = 239)		Specialists (n = 217)		Significance
	n	%	n	%	n	%	
With Revisions	206	45.2%	120	50.2%	86	39.6%	*
Without Revisions	250	54.8%	119	49.8%	131	60.4%	*

Note: Bold values represent the significantly higher value in the row.

* Statistically significant difference between PCPs and specialists at $p < 0.05$.

Comparison between April 2015 and September 2015 Results

Table 5 provides a summary and comparison of April 2015 and September 2015 statewide rates of accuracy. Overall accuracy increased by 5.7 percentage points from 49.1% in April 2015 to 54.8% in September 2015, although differences were not statistically significant. Among the individual items, correct reporting of “Provider Type” saw a significant increase in accuracy. None of the data elements saw a significant decrease in accuracy.

Table 5: Statewide Rates of Accuracy for April 2015 and September 2015

Field Name	April 2015 Statewide Results	September 2015 Statewide Results	Significance
Last Name	98.7%	98.0%	
First Name	99.1%	99.8%	
License Number	81.2%	85.4%	
National Provider ID (NPI)	100.0%	99.8%	
Street Address	86.4%	89.5%	
City	96.7%	95.8%	
State	99.8%	100.0%	
Zip Code	94.4%	93.9%	
Phone Number	85.5%	86.6%	
Accepts Medicaid	98.4%	98.0%	
Provider Type	92.4%	96.1%	▲
PCP, Specialist, or Both	92.6%	92.8%	
Primary Specialty	93.8%	95.4%	
Secondary Specialty	96.9%	96.7%	
Open or Closed Panel (PCPs Only)	89.1%	91.3%	
Panel Size (PCPs Only)	96.2%	96.9%	
Spanish	62.5%	65.1%	
Other Languages Spoken	82.8%	81.6%	
Overall Accuracy	49.1%	54.8%	

* September 2015 rate significantly higher (▲) or significantly lower (▼) than April 2015 rate at $p < 0.05$.

Findings

The following sections detail the findings with respect to each element validated.

Provider Identification

Table 6 displays the percentage of correct records (i.e., records that did not require revising) for each of the provider identification elements at the statewide level and by provider classification. The provider identification element most likely to be corrected was “License Number” with an accuracy rate of 85.4%, partially due to the high number of missing data in the original data file. Note that License number is only based on the 383 providers who were licensed in Kentucky. “Phone Number” was the next element most likely to be revised with an accuracy rate of 86.6%. Among the 61 providers who revised “Phone Number,” 34 also revised their “Street Address.”

The error rates for the address-related fields do not include surveys that were returned as “undeliverable,” which in effect could also represent incorrect addresses. While the exclusion of undeliverable surveys should be considered when interpreting the provider address fields’ (Street Address, City, State, and Zip Code) error rates, they were not factored into the analysis because the undeliverable surveys may represent other issues (e.g., provider not at site or retired). Undeliverable surveys by plan ranged from 9.5% for WellCare of Kentucky to 21.0% for Humana-CareSource, with an overall rate of 14.8% (**Appendix A**).

With the exception of “Street Address,” “Phone Number,” “Zip Code,” and “License Number,” the remaining provider identification elements were correct in at least 95% of returned surveys, (i.e., “Last Name,” “First Name,” “NPI,” “City,” and “State”). For “License Number,” 56 providers recorded a change. However, for 34 of these providers, the provider directory data file did not contain a License Number, so these represent both an addition and revision.

No significant differences between PCPs and specialists were identified for any of the Provider Identification elements.

Table 6: Provider Identification Elements – Statewide

Provider Identification Elements	Total Records without Revisions	Total Records with Revisions	% Correct			Significance
			Total Records	PCPs	Specialists	
Last Name	447	9	98.0%	97.9%	98.2%	n.s.
First Name	455	1	99.8%	100.0%	99.5%	n.s.
License Number*	327	56	85.4%	84.7%	86.3%	n.s.
NPI	455	1	99.8%	100.0%	99.5%	n.s.
Street Address	408	48	89.5%	87.4%	91.7%	n.s.
City	437	19	95.8%	96.2%	95.4%	n.s.
State	456	0	100.0%	100.0%	100.0%	n.s.
Zip Code**	428	28	93.9%	93.7%	94.0%	n.s.
Phone Number	395	61	86.6%	87.0%	86.2%	n.s.

Note: n.s. denotes not significant at $p < 0.05$.

* Of these revisions, 34 were for records that did not have a License number in the data file.

** Of these revisions, all 28 were for records that also were revised for Street Address.

Accepts Medicaid

This item asked whether the provider has a contract to accept Medicaid patients, and was coded as 'Yes' or 'No'. This field was reported correctly in 98.0% (447 out of 456) of surveys. In all nine cases with corrections, a Yes was changed to a No response. Accuracy rates were 97.9% for PCPs and 98.2% for specialists.

Provider Type

Provider type is identified by a 2-digit code and a corresponding provider type description. A listing of codes and corresponding provider type descriptions was enclosed in the survey packet, and providers were asked to use one of the codes on the list if a correction was necessary. This field was reported correctly in 96.1% (438 out of 456) of providers. Among the 18 corrections, 11 were changed from "Physician Individual" to "Physician Group." Accuracy rates were similar for PCPs and specialists (95.8% and 96.3%, respectively).

PCP, Specialist, or Both

Providers were asked to validate whether they were a PCP, a specialist, or both. The accuracy rate for this field was 92.8% (423 out of 456). Among the 33 who recorded a change, the most common changes were from "PCP" to "Specialist" (n = 12), "Specialist" to "PCP" (n = 8), and "PCP" to "Both" (n = 6). This field was accurate for 91.2% of PCPs and 94.5% of specialists.

Provider Specialty

Physicians were requested to verify their primary and secondary specialties. **Table 7** presents correct rates for these fields statewide and by provider group. "Primary Specialty" was correctly reported in 435 (95.4%) records. "Secondary Specialty" was correctly reported in 441 (96.7%) records. Of the 15 records with corrections, 12 were originally blank and the provider added a specialty.

Accuracy rates for "Primary Specialty" were similar for PCPs (95.0%) and specialists (95.9%). The percentage of correct records for "Secondary Specialty" for PCPs was 97.5%, compared with 95.9% for specialists.

Table 7: Specialty – Statewide and by Provider Group

Specialty	Records without Revisions	Records with Revisions	% Correct			Significance
			Total Records	PCPs	Specialists	
Primary Specialty	435	21	95.4%	95.0%	95.9%	n.s.
Secondary Specialty	441	15	96.7%	97.5%	95.9%	n.s.

Note: n.s. denotes not significant at $p < 0.05$.

PCP Open or Closed Panel

This is a required field for PCPs only. Valid entries were "O" for Open or "C" for Closed. Of the 239 PCPs, 10 providers were excluded from this analysis, since they were originally classified as specialists (but corrected their data to PCP on the previous item), so this item did not appear on their survey. Among the 229 PCPs with data for this field, 209 (91.3%) were returned with no revisions to the element. Among the 20 PCPs with corrections, 16 revised their panel from "Open" to "Closed," while 4 revised their panel from "Closed" to "Open."

Panel Size

“Panel Size” is a required field for PCPs only. Providers were requested to validate the number of Medicaid enrollees last reported by the named health plan as being assigned to that provider and practice site. Of the 229 completed PCP surveys, 222 (96.9%) were returned with no revisions to the panel size element.

Spanish

Providers were asked to validate whether the provider or clinical staff can speak Spanish. While accuracy rates were low (65.1%), 149 out of the 159 revisions were additions, because the original data for the field were blank in the provider directory files. Accuracy rates on this field did not significantly differ between PCPs and specialists (67.4% and 62.7%, respectively). Due to the high number of providers with missing data in the provider directory files, and the high percentage of revisions reflecting additions instead of changes, additions for this field were excluded in computing overall accuracy and error rates. However, the 10 revisions that were provider changes to this field were utilized in the calculations.

Languages Spoken

This element reflects the languages that a provider or clinical staff member has the ability to speak with patients. There are four possible language fields in the file. This element was correct in 81.6% of records (**Table 8**).

Provider revisions to this field indicated that the element is underreported. Of the 456 completed surveys, 84 (18.4%) providers reported revisions to the “Languages Spoken” field. A total of 82 (18.0%) providers added at least one language, while 2 (0.4%) providers dropped at least one language. Staff turnover at physicians’ practices may contribute to why this field was one of the least accurate elements. English was the most commonly added language on the survey. Excluding Spanish (n = 7) and French (n = 3), no other languages were reported more than twice by providers.

Accuracy rates did not differ significantly between PCPs (80.8%) and specialists (82.5%).

Note that although the accuracy rate appears high for this field, with no changes for 372 providers, a total of 255 of these providers did not have any languages in the original provider directory files and did not add a language, so they are included in the count of 372. Also, because “English” was added by 72 providers, but most providers left the “Language Spoken” field blank, all “English” additions were excluded from the overall accuracy and error rates.

Table 8: Reporting of Languages – Statewide

Languages	n = 456	%
Same languages	372	81.6%
At least one language added	82	18.0%
At least one language dropped	2	0.4%

Summary of Accuracy Rates Statewide and by Provider Group

Table 9 displays the accuracy rates for each survey item by provider group category.

Table 9: Provider Group Summary on Survey Items

Survey Item	PCP (n = 239)	Specialist (n = 217)	Total (n = 456)
Last Name	97.9%	98.2%	98.0%
First Name	100.0%	99.5%	99.8%
License Number	84.7%	86.3%	85.4%
National Provider ID (NPI)	100.0%	99.5%	99.8%
Street Address	87.4%	91.7%	89.5%
City	96.2%	95.4%	95.8%
State	100.0%	100.0%	100.0%
Zip Code	93.7%	94.0%	93.9%
Phone Number	87.0%	86.2%	86.6%
Accepts Medicaid	97.9%	98.2%	98.0%
Provider Type	95.8%	96.3%	96.1%
PCP, Specialist, or Both	91.2%	94.5%	92.8%
Primary Specialty	95.0%	95.9%	95.4%
Secondary Specialty	97.5%	95.9%	96.7%
PCP Open or Closed Panel	91.3%	N/A	91.3%
PCP Panel Size	96.9%	N/A	96.9%
Spanish	67.4%	62.7%	65.1%
Other Languages Spoken	80.8%	82.5%	81.6%
Overall Accuracy	49.8%	60.4%	54.8%

N/A: not applicable.

MCO variation in accuracy rates for each survey item was evaluated (data not shown). Most fields did not vary much among the five health plans. The four fields with the widest range in accuracy rates were: “License number,” “Phone Number,” “Spanish,” and “Languages Spoken.”

Limitations

The major limitations in interpreting the results of this audit center on the missing data in the provider directory data file, especially for the fields “Spanish” and “Languages Spoken.” The overall rates were adjusted to discount any additions made by the providers to the “Spanish” field and additions of “English” to the “Languages Spoken” field. However, these additions were retained in the error rates for the two fields to present an accurate representation of the issues with these fields. Treating provider additions as errors when the provider directory data fields were blank increased the error rates for these fields. On the other hand, as noted above, many providers did not record a response on the survey when the original data were blank. A lack of response was treated as no change, which consequently contributed to the accuracy rate. These limitations also applied to the “License number” field. In general, rates for these fields should be interpreted with caution. Validation surveys are much more informative when the original data file contains some data to validate, so plans should be encouraged to provide complete data, including a response for every field.

RECOMMENDATIONS

Based on the findings of this audit, IPRO recommends that:

DMS

- § Follow up with health plans to correct provider records for the errors identified by this audit;
- § Work with plans to enhance the accuracy and completion of critical fields in the provider directory data files, especially fields relating to license number, phone number, address, and languages spoken;
- § Expand the data dictionary to include more specificity in the definitions of the data elements to help facilitate plans' submission of accurate and complete data. For example, for the language fields, codes are provided without further instruction to ensure that each provider report at least one language;
- § Consider adding data elements to the MCAPS that collect information about wheelchair access, hours at site, provider usage of Health Information Technology (such as electronic medical records (EMR) systems), and providers' Patient-Centered Medical Home (PCMH) certification status and level;
- § Consider removing the field "Spanish" and incorporating it into the Language field. If "Spanish" is retained as a separate field, it would be preferable to revise the data dictionary and ask plans to enter "Y" or "N," so that missing data are not presumed to be No;
- § Consider recording "Secondary Specialty" on the same row as "Primary Specialty" instead of on separate rows; and
- § Consider adding interpreter services/translation services as codes to the data dictionary of the language field, since some providers noted this on the survey, but there is no code to capture such services in the MCAPS.

IPRO

- § Furnish the names and addresses of the surveys that were undeliverable to the health plans for further research.

Appendix A – Response Rate by Plan

Table A1: Response Rate by Plan

Plan	Initial Sample Size	Undeliverable Surveys	Adjusted Sample Size	Returns	Response Rate
Aetna Better Health	200	28	172	72	41.9%
Anthem Blue Cross Blue Shield Medicaid	200	29	171	105	61.4%
Humana-CareSource	200	42	158	93	58.9%
Passport Health Plan	200	30	170	111	65.3%
WellCare of Kentucky	200	19	181	114	63.0%
TOTAL	1,000	148	852	495	58.1%
ALL PCPs	500	60	440	265	60.2%
ALL Specialists	500	88	412	230	55.8%

Appendix B – Overall Accuracy by Plan

Table B1: Overall Accuracy by Plan

Plan	Completed Surveys	Returned with Revisions	Returned without Revisions	% Survey without Revisions	Average Revisions
Aetna Better Health	65	28	37	56.9%	1.71
Anthem Blue Cross Blue Shield Medicaid	95	35	60	63.2%	1.89
Humana-CareSource	84	49	35	41.7%	1.76
Passport Health Plan	103	58	45	43.7%	1.98
WellCare of Kentucky	109	36	73	67.0%	1.69
TOTAL	456	206	250	54.8%	1.83
ALL PCPs*	239	120	119	49.8%	1.87
ALL Specialists*	217	86	131	60.4%	1.77

*Provider revisions to the field “PCP, Specialist, or Both” were incorporated to identify the correct category for PCP or Specialist.

Appendix C

Sample of Specialist Survey Sent to Providers

Commonwealth of Kentucky
Department for Medicaid Services

Provider Network Data Survey

The health plan to the left has provided the following to DMS for the provider listed below. If you do not participate in this plan, please check the box to the right and return the survey.

☐

1. Please verify that the following information is correct.

2. Make necessary corrections.

Last Name				
First Name				
License #				
Natl Provider Id (NPI)				
Street				
City				
State / Zip Code				
Phone				
Accepts Medicaid		Y=Yes, N=No		Y=Yes, N=No
Provider Type				
PCP, Specialist, or Both		P=PCP, S=SPECIALIST, B=BOTH		P=PCP, S=SPECIALIST, B=BOTH
Specialty:				
Primary				
Secondary				
Spanish		Y=Yes, N=No		Y=Yes, N=No
Languages spoken by Physician and/or Clinical staff at this site:				

Check here if no corrections required

☐

THANK YOU!

Sample of PCP Survey Sent to Providers

Commonwealth of Kentucky
Department for Medicaid Services

Provider Network Data Survey

The health plan to the left has provided the following to DMS for the provider listed below. If you do not participate in this plan, please check the box to the right and return the survey.

☐

1. Please verify that the following information is correct.

2. Make necessary corrections.

Last Name				
First Name				
License #				
Natl Provider Id (NPI)				
Street				
City				
State / Zip Code				
Phone				
Accepts Medicaid		Y=Yes, N=No		Y=Yes, N=No
Provider Type				
PCP, Specialist, or Both		P=PCP, S=SPECIALIST, B=BOTH		P=PCP, S=SPECIALIST, B=BOTH
Specialty:				
Primary				
Secondary				
PCP Open or Closed Panel		O=Open, C=Closed		O=Open, C=Closed
PCP Panel Size				
Spanish		Y=Yes, N=No		Y=Yes, N=No
Languages spoken by Physician and/or Clinical staff at this site:				

Check here if no corrections required

☐

THANK YOU!